CI	ΔΙ	MS	ON	ΙY

Application Number 10 657395
Applicant(s)

Filing Date

							• May be u	sed for ad	ditional dair	ns or ame	ndments		
CLAIMS	AS FILED AFTER		ER FIRST AFTER SECOND NDMENT AMENDMENT			•			•				
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Dep
1	1						51						1
2		1					52						
3		1					53						
4							54						
5			ļ	ļ			55						
6		1					56						
7 8		<u>.</u>	ļ — —	ļ			57						L
9			<del></del>			ļ	58						
10			<del> </del>				59 60						<u> </u>
11							61						
12		1	<del></del>				62						
13		<u>;</u>		1			63						
14		,					64						
15							65						
16							66						_
17							67						_
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24 25							74						
26							75 76						
27							77	<del></del>					
28							78						
29				f			79						
30							80						
3:							81		$\overline{}$				
32	i						82		•				
33							83						_
34							84						
35							85						
36							86						
37 38							87						
39							88						
40							89 90						
41							91	<del></del>					
42							92	<del></del>	<del></del>	<del></del>			
43							93		<del></del>		<del></del>	<del> </del>	
44				<del></del>			94	<del></del>				$\overline{}$	
45							95						
46					$\neg \neg$		96				<u>-</u>		
47			1				97						
48							98					i	
49							99						
50					I		100						
otal	2			$\perp$	T	1 1	Total						1
		-	لِـــــ	-			Indep	لِـــــ					1
otal pend	a <b>←</b>	-	4	-	<b>←</b>	-	Total	<del>-</del>	~ [	<b>4</b> -	-	4	
oral	<del>\(\frac{1}{2}\)</del>	<del></del>	<u>1</u>		····		Depend						
aims	14	1	j	- 1	1	- 1	Total Claims				1	- 1	